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PTO/SB/21 (09-04)

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Total Number of Pages in This Submission

2

Application Number	09/283,431
Filing Date	April 1, 1999
First Named Inventor	Zhou et al.
Art Unit	1635
Examiner Name	K.A. Lacourciere
Attorney Docket Number	IDRA-701US1

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks

* Postcard

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name Keown & Associates

Signature

Printed name

Joseph C. Zucchero

Date

May 16 2006

Reg. No.

55,762

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PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/283,431
Filing Date	April 1, 1999
First Named Inventor	Zhou et al.
Art Unit	1635
Examiner Name	K.A. Lacourciere
Attorney Docket Number	IDRA-701US1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

32254

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Keown & Associates				
Address	500 West Cummings Park				
Address	Suite 1200				
City	Woburn	State	MA	Zip	01801
Country	United States				
Telephone	781-938-1805	Fax	781-938-4777		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Robert Andersen		
Signature			
Date	5/15/2006	Telephone	617-679-5500

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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